


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State


DOCUMENT # P00000005744	
1. Entity Name PLAY TIME TOYS INC.	

Principal Place of Business 6235 EDGEWATER DRIVE ORLANDO FL 32810	Mailing Address 6235 EDGEWATER DRIVE ORLANDO FL 32810
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2. Principal Place of Business Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E034 (10/04)
4. FEI Number 59-3616299	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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NOYES, DAWN MARIE 6235 EDGEWATER DRIVE ORLANDO FL 32810	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<div style="text-align: right;"> FL Zip Code </div>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NOYES, DAWN 751 OLD MOUNT DORA RD. EUSTIS FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> U000000206247 01/31/05-80074-022 150.00 </div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP NOYES, TRACY 3000 LAKEVIEW COURT EUSTIS FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST ASBATE, GEORGE 751 OLD MOUNT DORA RD. EUSTIS FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Dawn Noyes**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1/25/05** Daytime Phone #: **407-947-2150**